

Date Received \_\_\_\_\_

**Application for Assistance**

Assigned to \_\_\_\_\_

Is an EBT card needed? ☐ Yes ☐ No

**Check all programs for which you are applying:**

- ☐ Child Care Assistance Program (CCAP)
- ☐ Family Independence Temporary Assistance Program (FITAP)
- ☐ Food Stamps
- ☐ Kinship Care Subsidy Program (KCSP)
- ☐ Refugee Medical Assistance (RMA)

You can begin to apply and establish your application date by filling in your name, address and signature below and give this form to us today. It will help us to process your application faster if you also give us a telephone number where you can be reached during the daytime.

Your Name		Social Security Number	
Home Address	City	State	Zip Code
Mailing Address, if different		State	Zip Code
Your Signature		Telephone Number	

**What if you need Food Stamp benefits right away?**

We may be able to get Food Stamp benefits to you within 4 days of the date you apply if you qualify. You may qualify if:

- The total amount of money you have received or expect to receive this month is less than \$150 and you have \$100 or less in liquid resources such as cash, savings or checking accounts; or
- Your household's rent/mortgage and utilities are more than your total income and resources; or
- Your household includes migrant or seasonal farm workers.

**If any of the above describes your household, answer the following questions:**

1. What is the total amount of money that your household will receive this month? Include money from all sources such as earned income, contributions, Social Security, SSI, VA, etc. \$ \_\_\_\_\_
2. How much money does your household have in liquid resources? Include cash on hand, checking accounts, savings accounts, etc. \$ \_\_\_\_\_
3. How much is your household's monthly rent or mortgage? \$ \_\_\_\_\_
4. Do you pay for utilities, such as electricity, gas, water, etc.? ☐ Yes ☐ No
5. Do you pay utility costs for heating or air conditioning? ☐ Yes ☐ No
6. Do you pay telephone expenses? ☐ Yes ☐ No
7. Is anyone in your household a migrant or seasonal farm worker? ☐ Yes ☐ No

### Office Use Only

1. Income                      \$ _____ + 2. Resources                      \$ _____ = <b>Total</b> \$ _____ (A)	Is #1 less than \$150? <input type="checkbox"/> Yes <input type="checkbox"/> No AND Is #2 less than \$101? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to both, Expedite. If no, consider shelter costs.
3. Rent/Mortgage                      \$ _____ + Utility Standard*                      \$ _____ = <b>Total</b> \$ _____ (B)	Is B greater than A? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Expedite. If no, consider migrant or seasonal farm worker status. Is anyone in the household a migrant or seasonal farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No AND Is #2 less than \$101? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to both, Expedite. If no, the case is not expedited.

\*If, on the reverse side, the answer to:  
 #4 is Yes **and** #5 is No, use BUA.  
 #5 is Yes, use SUA  
 #6 is Yes **and** #4 **and** #5 are No, use TEL.

Expedited: ☐ Yes ☐ No If yes, enter "Expedited Date" on CP CA screen of L'AMI.

Due Date\*: \_\_\_\_\_

\*The case must be certified and the client must have their EBT card in sufficient time to be able to use their Food Stamp benefits by the 4th calendar day after the date of application. If the 4th calendar day falls on a weekend or holiday, the due date becomes the previous workday.

**A. Tell Us About You**

*You can choose not to give Ethnicity and Racial information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.*

Do you need a new Louisiana Purchase Card? ☐ Yes ☐ No

First Name Middle Initial Last Name Maiden or Other Name

Mailing Address Apt/Lot No. City State Zip Code

Home Address (If different from mailing) Apt/Lot No. City State Zip Code

( ) ( ) ( )

Home Telephone Number Cell Telephone Number Work or Other Telephone Number

Social Security Number Parish of Residence

Date of Birth E-mail Address

**Sex:** ☐ Male ☐ Female **Ethnicity:** Hispanic/Latino? ☐ Yes ☐ No

**Marital Status:**

☐ Married  
☐ Separated  
☐ Divorced  
☐ Never Married  
☐ Widowed

**Racial Heritage (check all that apply):**

☐ Asian ☐ Native Hawaiian/  
Pacific Islander  
☐ White ☐ American Indian/  
Alaskan Native  
☐ Black or African American

Highest grade level  
completed in school?

Student? ☐ Yes ☐ No

U.S. Citizen? ☐ Yes ☐ No

If no, do you have  
immigration papers? ☐ Yes ☐ No

Date of entry in U.S.: \_\_\_\_\_

**B. Tell Us If You Have An Authorized Representative**

*An Authorized Representative is someone you allow us to talk with about your Food Stamp/Child Care Assistance Program benefits. You can name someone, but it is not required.*

Would you like to have an Authorized Representative? ☐ Yes ☐ No

**If yes,** tell us about your Authorized Representative.

Name of Authorized Representative ( ) Telephone Number

Address City State Zip Code

**For Office Use Only**

Household Reporting Requirement: ☐ SAR ☐ Change Reporting

Is an EBT card needed? ☐ Yes ☐ No

Is there an authorized representative? ☐ Yes ☐ No

Identity verified by: ☐ Driver's License ☐ Identification card ☐ Other

Residency verified by:

Marital status verified by:

### C. Tell Us About The Other People In Your Household

**List everyone else who lives in your household, even if you are not applying for them.** You can choose not to give Ethnicity & Racial information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

1. Answer For Everyone Else In Your Household			Answer For Those Who Want Benefits
First Name	Middle Initial	Last Name	Social Security Number
Date of Birth	Relationship to you		Highest grade level completed in school?
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed	<b>Ethnicity:</b> Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Racial Heritage (check all that apply):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		Student? <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have Immigration papers? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of entry in U.S.: _____
2. Answer For Everyone Else In Your Household			Answer For Those Who Want Benefits
First Name	Middle Initial	Last Name	Social Security Number
Date of Birth	Relationship to you		Highest grade level completed in school?
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed	<b>Ethnicity:</b> Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Racial Heritage (check all that apply):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		Student? <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have Immigration papers? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of entry in U.S.: _____
3. Answer For Everyone Else In Your Household			Answer For Those Who Want Benefits
First Name	Middle Initial	Last Name	Social Security Number
Date of Birth	Relationship to you		Highest grade level completed in school?
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed	<b>Ethnicity:</b> Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Racial Heritage (check all that apply):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		Student? <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have Immigration papers? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of entry in U.S.: _____

4. Answer For Everyone Else In Your Household			Answer For Those Who Want Benefits	
First Name	Middle Initial	Last Name	Social Security Number	
Date of Birth		Relationship to you	Highest grade level completed in school?	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed		<b>Ethnicity:</b> Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Racial Heritage (check all that apply):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Student? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> U.S. Citizen? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If no, do you have Immigration papers? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Date of entry in U.S.: _____	
5. Answer For Everyone Else In Your Household			Answer For Those Who Want Benefits	
First Name	Middle Initial	Last Name	Social Security Number	
Date of Birth		Relationship to you	Highest grade level completed in school?	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed		<b>Ethnicity:</b> Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Racial Heritage (check all that apply):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Student? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> U.S. Citizen? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If no, do you have Immigration papers? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Date of entry in U.S.: _____	
<p><i>If you need more space for additional household members, you can write the information on plain paper or ask for an "Additional Household Members Form."</i></p> <p><i>If anyone for whom you are applying is not a U. S. citizen, your worker will complete an Alien Addendum and Checklist with you during your interview.</i></p>				
<p style="text-align: center;"><b>For Office Use Only</b></p> <p>Household composition: ____ person household</p> <p>Are all members linked on LAMI? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Enumeration verified by:</p> <p>Age and relationship verified by:</p> <p>Document CR 5</p> <p>Citizenship: Are all household members U.S. citizens? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, complete Alien Addendum and Alien Checklist.</p>				

D. Tell Us About Your Household		For Office Use Only
Please answer the following questions for yourself and everyone else in your home.		
1. Do you usually buy food and prepare your meals with everyone who lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who buys and prepares their food separately? _____		
2. Do you or anyone in your household rent a room? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Do you or anyone in your household pay someone for meals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Are you or anyone in your household a fleeing felon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Are you or anyone in your household in violation of their probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Have you or anyone in your household been convicted of a drug-related felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. If yes, complete supplement.
7. Have you or anyone in your household been disqualified or had their benefits reduced or stopped for breaking the rules of the Food Stamp Program, FITAP, KCSP, or SSI Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		7. If yes, complete supplement.
8. Do you or anyone in your household need to get away from an abusive situation? <input type="checkbox"/> Yes <input type="checkbox"/> No		8-9. Referral needed for domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes and FITAP: Issue Flyer DV.
9. Does anyone in your home make you afraid by threatening, yelling, or physically hurting you or a member of your family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Do you or anyone in your household have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. If yes, complete supplement. If FITAP, complete OFS 90.
11. Are you or anyone in your household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Due date: _____		
12. Are immunizations current on all children? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who? _____ Why? _____		12. Verification: <input type="checkbox"/> CR 9 <input type="checkbox"/> LINKS
13. Does anyone in your household attend high school, college, vocational or technical school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following for each student:		13. If yes, is anyone attending an institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete supplement.
a. _____ Name of Student _____ Name of School or Program _____ How many hours does the student attend school each week? _____ Is this considered full or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> Eligible student <input type="checkbox"/> Ineligible student
b. _____ Name of Student _____ Name of School or Program _____ How many hours does the student attend school each week? _____ Is this considered full or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> Eligible student <input type="checkbox"/> Ineligible student

E. Tell Us About Your Household's Work		For Office Use Only
<p><i>Tell us about any money received by you or anyone in your household for work including full-time, part-time, temporary, or seasonal jobs, self-employment, training, military reserve pay, or work study. This includes money received from wages, salaries, tips, or commissions.</i></p>		
<p>1. Do you or anyone in your household work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><i>Complete the following information for <b>each person</b> who works for an employer. If anyone works for more than one employer, complete a separate block for each employer. Use plain paper if you need more space.</i></p>		
<p>2. Person Who Works For An Employer</p>		Use OFS 3
<p>Name _____ Start Date _____</p>		Verified by:
<p>Employer's Name _____ Phone # _____</p>		
<p>Address _____</p>		
<p>How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice monthly  <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____</p>		
<p>Paid by Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>If yes</b>, at what bank or credit union? _____</p>		
<p># of hours worked per week _____ Hourly wage _____</p>		
<p># of days worked per week _____</p>		
<p>Do you ever work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is commission earned?
<p><b>If yes</b>, how often? _____ How many hours? _____</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are tips earned? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		If yes, how much?
<p><b>If yes</b>, how much? _____ How often? _____</p>		How often?
<p>Is this Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is this piecework?
<p>Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If yes</b>, date expected to end? _____</p>		Rate per piece?
<p>3. Person Who Works For An Employer</p>		Use OFS 3
<p>Name _____ Start Date _____</p>		Verified by:
<p>Employer's Name _____ Phone # _____</p>		
<p>Address _____</p>		
<p>How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice monthly  <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____</p>		
<p>Paid by Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>If yes</b>, at what bank or credit union? _____</p>		
<p># of hours worked per week _____ Hourly wage _____</p>		
<p># of days worked per week _____</p>		
<p>Do you ever work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is commission earned?
<p><b>If yes</b>, how often? _____ How many hours? _____</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are tips earned? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		If yes, how much?
<p><b>If yes</b>, how much? _____ How often? _____</p>		How often?
<p>Is this Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is this piecework?
<p>Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If yes</b>, date expected to end? _____</p>		Rate per piece?

<p>4. Have you or anyone in your household stopped working in the last 90 days? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>5. Are you or anyone in your household looking for work? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>6. Is anyone on strike? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>7. Is anyone in your household a migrant or seasonal farmworker? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	<p><b>For Office Use Only</b></p> <p>4. If yes, complete supplement.</p> <p>5. If yes, complete supplement.</p> <p>Does anyone need CCAP to look for work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																				
<p><i>Complete the following information for <b>each person</b> who is self-employed. This includes fishermen, child care providers, hair dressers, and people who do odd jobs such as cutting grass, picking up cans, etc. Use plain paper if you need more space.</i></p>																																					
<p>8. Persons Who Are Self-Employed</p>																																					
Name	Name																																				
Type of Business	Type of Business																																				
Monthly Business Income	Monthly Business Income																																				
Monthly Business Expenses	Monthly Business Expenses																																				
# Hours Worked Per Week	# Hours Worked Per Week																																				
<p><b>F. Tell Us About Other Income</b></p>																																					
<p>1. If you or anyone in your household are receiving money from a source other than work, check each type of income.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Annuity Income</td> <td><input type="checkbox"/> Roomer/Boarder</td> </tr> <tr> <td><input type="checkbox"/> Child Support Income</td> <td><input type="checkbox"/> Social Security</td> </tr> <tr> <td><input type="checkbox"/> Contributions From Family/Friends</td> <td><input type="checkbox"/> Scholarships/Grants/School Loans</td> </tr> <tr> <td><input type="checkbox"/> Disability Insurance Benefits</td> <td><input type="checkbox"/> SSI</td> </tr> <tr> <td><input type="checkbox"/> Energy Check</td> <td><input type="checkbox"/> Spousal Support/Alimony</td> </tr> <tr> <td><input type="checkbox"/> Gifts</td> <td><input type="checkbox"/> Tribal Money</td> </tr> <tr> <td><input type="checkbox"/> Interest Income</td> <td><input type="checkbox"/> Training Allowance (WIA)</td> </tr> <tr> <td><input type="checkbox"/> Loans</td> <td><input type="checkbox"/> Trust Income</td> </tr> <tr> <td><input type="checkbox"/> Military Allotment</td> <td><input type="checkbox"/> Unemployment Benefits</td> </tr> <tr> <td><input type="checkbox"/> Oil Lease/Royalties</td> <td><input type="checkbox"/> Veterans Benefits</td> </tr> <tr> <td><input type="checkbox"/> Railroad Benefits</td> <td><input type="checkbox"/> Workers Compensation</td> </tr> <tr> <td><input type="checkbox"/> Rental Income</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Retirement Pension</td> <td></td> </tr> </table>		<input type="checkbox"/> Annuity Income	<input type="checkbox"/> Roomer/Boarder	<input type="checkbox"/> Child Support Income	<input type="checkbox"/> Social Security	<input type="checkbox"/> Contributions From Family/Friends	<input type="checkbox"/> Scholarships/Grants/School Loans	<input type="checkbox"/> Disability Insurance Benefits	<input type="checkbox"/> SSI	<input type="checkbox"/> Energy Check	<input type="checkbox"/> Spousal Support/Alimony	<input type="checkbox"/> Gifts	<input type="checkbox"/> Tribal Money	<input type="checkbox"/> Interest Income	<input type="checkbox"/> Training Allowance (WIA)	<input type="checkbox"/> Loans	<input type="checkbox"/> Trust Income	<input type="checkbox"/> Military Allotment	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Oil Lease/Royalties	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Railroad Benefits	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Other	<input type="checkbox"/> Retirement Pension											
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<p><b>For Office Use Only</b></p> <p>8. Verified by:</p> <p><input type="checkbox"/> Prior year's income tax return</p> <p><input type="checkbox"/> Accountant or bookkeeper records</p> <p><input type="checkbox"/> Personal business records</p>																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #f0f0f0;">For Office Use Only</th> <th colspan="2" style="background-color: #f0f0f0;">FITAP</th> <th colspan="2" style="background-color: #f0f0f0;">Food Stamps</th> </tr> <tr> <th style="width: 15%;">Name</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">WR Code</th> <th style="width: 25%;">Reason For Exemption</th> <th style="width: 10%;">WR Code</th> <th style="width: 30%;">Reason For Exemption</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		For Office Use Only		FITAP		Food Stamps		Name	Age	WR Code	Reason For Exemption	WR Code	Reason For Exemption																								
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Name	Age	WR Code	Reason For Exemption	WR Code	Reason For Exemption																																



2. For each box checked in #1 of this section on page 6, complete the following information. Include any money you expect to receive in the next 30 days.					<b>For Office Use Only</b>  Verified by: _____  3. If yes, what type? _____  5. If yes, complete supplement. _____ 6. If yes, complete supplement. _____  Living Arrangement <input type="checkbox"/> Public housing <input type="checkbox"/> HUD or Section 8 subsidy <input type="checkbox"/> Other subsidy <input type="checkbox"/> No rent subsidy  Are insurance and property taxes included in the mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are any of these bills past due? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<b>Name</b>	<b>Type Of Income</b>	<b>Amount</b>	<b>How Often (Weekly, Monthly, etc)</b>	<b>Do You Expect This Income To End</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b>														
				<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b>														
				<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b>														
				<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b>														
				<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b>														
3. Do you or anyone in your household have an application pending for any benefits that you are not receiving yet? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																		
4. Have you or anyone in your household received cash assistance or food stamp benefits from another state? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> a. <b>If yes, who?</b> _____ b. <b>When?</b> _____ c. <b>What state(s)?</b> _____																		
5. Is someone court-ordered to pay child support to you or anyone in your household? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																		
6. Do you or anyone in your household receive any money from a child's parent who is not court-ordered to pay? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																		
<b>G. Tell Us About Your Expenses</b>																		
<i>In order to receive the most benefits possible, you need to tell us about and provide proof of your household expenses.</i>																		
<b>HOUSING EXPENSES</b>																		
1. Check each type of housing expense that you or anyone in your household has. <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Rent</td> <td><input type="checkbox"/> Electricity</td> </tr> <tr> <td><input type="checkbox"/> Mortgage (if buying)</td> <td><input type="checkbox"/> Gas</td> </tr> <tr> <td><input type="checkbox"/> Lot Rent</td> <td><input type="checkbox"/> Sewer</td> </tr> <tr> <td><input type="checkbox"/> Homeowner's Insurance</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td><input type="checkbox"/> Flood Insurance</td> <td><input type="checkbox"/> Garbage</td> </tr> <tr> <td><input type="checkbox"/> Property Tax</td> <td><input type="checkbox"/> Telephone</td> </tr> <tr> <td><input type="checkbox"/> Condominium Fees</td> <td><input type="checkbox"/> Other</td> </tr> </table>					<input type="checkbox"/> Rent	<input type="checkbox"/> Electricity	<input type="checkbox"/> Mortgage (if buying)	<input type="checkbox"/> Gas	<input type="checkbox"/> Lot Rent	<input type="checkbox"/> Sewer	<input type="checkbox"/> Homeowner's Insurance	<input type="checkbox"/> Water	<input type="checkbox"/> Flood Insurance	<input type="checkbox"/> Garbage	<input type="checkbox"/> Property Tax	<input type="checkbox"/> Telephone	<input type="checkbox"/> Condominium Fees	<input type="checkbox"/> Other
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<input type="checkbox"/> Property Tax	<input type="checkbox"/> Telephone																	
<input type="checkbox"/> Condominium Fees	<input type="checkbox"/> Other																	



<b>Medical Transportation Expense is money spent for trips to the doctor, hospital, drug store, etc. This includes miles driven in your own vehicle.</b>				<b>For Office Use Only</b>	
4. Does any elderly or disabled person listed on previous page have medical transportation costs? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Does this person use their own vehicle or a household member's vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No b. <b>If yes</b> , complete the following information.					
Name Of Person	List All Places Visited For Medical Purposes (Ex. Doctors, Drug Store, Hospital, Etc.)	# Of Miles Traveled Round Trip	Number Of Visits Per Month		
c. Does this person pay someone other than a household member for medical transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No d. <b>If yes</b> , complete the following information.					
Name Of Person	Who Is Paid	Where Does This Person Go	How Much Does This Person Pay Per Trip		How Many Trips Does This Person Pay For Each Month
<i>If you need more space, you can write the information on plain paper.</i>					
5. Will this person or anyone in your household be reimbursed for any of the medical expenses listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. Does anyone help pay the medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>DEPENDENT CARE EXPENSES</b>					
1. Do you or anyone in your household pay someone to care for a child, or an adult who is elderly or disabled, so that you can work, attend training or school, or look for work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. <b>If yes</b> , complete the following information.					
Paid For Whom	Name And Telephone Number Of Person Paid	Amount Paid	How Often Paid (Weekly, Monthly, Etc.)		
3. Does anyone help you pay your dependent care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>H. Tell Us About Your Household's Resources</b>				<b>For Office Use Only</b>
<i>A resource is cash, money in the bank, or anything a person owns or is buying that can be sold, traded, or converted into cash. A resource does not include personal property such as jewelry, furniture, electrical equipment, or clothing.</i>				
<b>1. Check each resource listed below that you or anyone in your household has.</b>				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Annuities  <input type="checkbox"/> Bank/Credit Union Account (Checking)  <input type="checkbox"/> Bank/Credit Union Account (Saving)  <input type="checkbox"/> Joint Account  <input type="checkbox"/> Bonds  <input type="checkbox"/> Buildings  <input type="checkbox"/> Burial Funds, Prepaid Burial Plans Or Plots  <input type="checkbox"/> Business Equipment  <input type="checkbox"/> Cash On Hand  <input type="checkbox"/> Certificate Of Deposit (CD)  <input type="checkbox"/> Farm Equipment  <input type="checkbox"/> Heir Property  <input type="checkbox"/> Houses, Other Than The House You Live In </div> <div style="width: 50%;"> <input type="checkbox"/> Land  <input type="checkbox"/> Livestock  <input type="checkbox"/> Money Market Account  <input type="checkbox"/> Mutual Funds  <input type="checkbox"/> Retirement Fund  <input type="checkbox"/> Safe Deposit Box  <input type="checkbox"/> Savings Bond  <input type="checkbox"/> Stocks  <input type="checkbox"/> Time-Share  <input type="checkbox"/> Trusts/Tutorship  <input type="checkbox"/> Vacation Home/Camp  <input type="checkbox"/> Other </div> </div>				
<b>2. For each box checked above, complete the following information.</b>				
<b>In Whose Name Is The Resource Listed</b>	<b>Type Of Resource</b>	<b>How Much Is It Worth</b>	<b>Where Is The Resource (Include Name Of Bank Or Company, Where Money Is Held, Address Of Property, Etc.)</b>	
<b>3. Does your name or the name of anyone in your household appear on a bank/credit union account with someone else?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				Are liquid resources \$1500 or less? <input type="checkbox"/> Yes <input type="checkbox"/> No  How was this verified? <input type="checkbox"/> Client statement <input type="checkbox"/> Bank statement <input type="checkbox"/> Other
<b>a. If yes, whose names are on the account?</b> _____				
<b>b. Why is this name on the account?</b> _____				
<b>4. Have you or anyone in your household sold, traded, given away, or transferred a resource in the last three months?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
<b>5. Have you or anyone in your household received a lump sum of money?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
<b>4. If yes, complete supplement.</b>				
<b>5. If yes, complete supplement.</b> <input type="checkbox"/> Countable lump sum <input type="checkbox"/> Non-countable lump sum				

**IF YOU ARE APPLYING FOR FOOD STAMP BENEFITS ONLY, SKIP TO PAGE 14.**

I. Child Care Assistance Program						
<p>1. Are you applying for the Child Care Assistance Program? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  <b>If yes</b>, complete this page. <b>If no</b>, skip to page 12.</p> <p>2. List all children who need care and the times each day that the care is needed. If school-aged children need care before and after school, list both times (for example: 7:00 a.m. to 8:00 a.m. and 3:30 p.m. to 6:00 p.m.).</p>						
Name Of Child	Age	Type Of Care	Provider's Name Address/Phone Number	Provider's Relationship To Child	Cost Of Care	Time Care Needed Each Day
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
<p>3. List all children who attend or will attend Head Start, Pre-Kindergarten, Kindergarten, or school this school year. _____</p>						
<p>4. Do any of the children listed above need specialized care because of a physical, mental, or emotional condition? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>a. <b>If yes</b>, who? _____</p> <p>b. For what condition? _____</p>						
<b>For Office Use Only</b>						
Did the provider change? <input type="checkbox"/> Yes <input type="checkbox"/> No						
How were special needs verified?						

<b>J. FITAP, KCSP, or RMA</b>			<b>For Office Use Only</b>
1. Are you applying for FITAP, KCSP, or RMA? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If yes, complete this page. If no, skip to page 14.</b>			
<b>HEALTH INSURANCE</b>			
2. Is anyone in your household covered by medical insurance other than Medicaid? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> a. <b>If yes</b> , name of insurance: _____ b. Type of coverage (Hospital, Dental, Etc.): _____			
3. Can you or anyone in your household get health insurance through an employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>COLLATERALS</b>			
4. Please complete the following information for two people who are not related to you who can verify your household situation.			
<b>Name</b>	<b>Address</b>	<b>Daytime Phone Number</b>	
<b>CUSTODY</b>			
5. If you are not the parent of the child(ren) for whom you are applying, do you have legal custody? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> a. <b>If yes</b> , complete the following information.			
<b>Children For Whom You Have Custody</b>	<b>Type Of Custody</b>	<b>Effective Date Of Custody</b>	
<i>A non-custodial parent is a parent who does not live in the home with his/her child. Tell us about the non-custodial parent(s) of each child living in your home. This includes both mother and father if you are not the parent of the child(ren). If a child's biological father and legal father are not the same person, give the requested information for both fathers. Use plain paper if you need more space.</i>			
<b>6. Non-Custodial Parent Information</b>			
Name	Social Security Number	Date of Birth	
Street Address			
City	State	Phone Number	
Employer			
Name(s) of Children			

<b>7. Non-Custodial Parent Information</b>		
Name	Social Security Number	Date of Birth
Street Address		
City	State	Phone Number
Employer		
Name(s) of Children		
<b>8. Non-Custodial Parent Information</b>		
Name	Social Security Number	Date of Birth
Street Address		
City	State	Phone Number
Employer		
Name(s) of Children		
<p style="text-align: center;"><b>For Office Use Only</b></p> <p>Living in the home with qualified relative? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Verified by:</p> <p><input type="checkbox"/> Landlord statement</p> <p><input type="checkbox"/> School records</p> <p><input type="checkbox"/> Collateral</p> <p><input type="checkbox"/> Other</p> <p>NCP: Complete form 4NCP and 4NCP Supplement, if applicable:</p>		

## Voter Registration

Any citizen in the State of Louisiana who has met the voter registration requirements and applies for public assistance must be provided the opportunity to register to vote.

If you are not registered to vote where you live now, would you like to apply to register to vote? ☐ Yes ☐ No  
If you do not check either box, we will assume that you do not want to register to vote at this time.

Please note that the information you give to the agency will remain confidential and will be used only for voter registration purposes. Applying to register or refusing to register to vote will not affect the amount of assistance or services that you may receive from the Department of Social Services.

If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Contact your worker if you need help. You may file a complaint if you believe that someone has interfered with your:

- right to register to vote,
- right to decline to register to vote,
- right to privacy in deciding whether to register to vote,
- privacy in applying to register to vote, or
- right to choose your own political party or other political preference.

You may file a complaint with: Louisiana Secretary of State, P.O. Box 94125, Baton Rouge, LA 70804-9125.  
1-800-825-3805

## Read Carefully And Sign Below

I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge, including the information I have given regarding the U.S. citizenship or immigration status of all household members. I understand that I and any adult household member will be subject to disqualification and prosecution and will be required to repay ineligible benefits if we knowingly give false, incorrect, or incomplete information in order to obtain or try to obtain financial, food, or child care assistance. By signing this application, I give permission for the release of information to the Office of Family Support by any persons or agencies who have knowledge of my circumstances.

**Remember, you must turn in proof of the information you reported on this application form.**

\_\_\_\_\_  
Your Signature (or mark)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature (or mark) of your wife or husband

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Minor Unmarried Parent

\_\_\_\_\_  
Date Signed

**If you, or your wife or husband, sign with an "X" mark, ask two people to witness the mark; if applicant is blind, ask three people to witness.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
**Signature of Person Who Helped You Complete this Form and His or Her Relationship to You**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

I want to withdraw my \_\_\_\_\_ application because \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date